ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS.	ID NO.	DATE
			C/14/9CCC
FEE DETERMINATION		5 1-24-00	
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	GT	69916	2/15/00

INDEX OF CLAIMS

✔ .... Rejected
= .... Allowed
− (Through numeral)... Canceled
÷ .... Restricted

N .... Non-elected
I .... Interference
A .... Appeal
0 .... Objected

Claim					Date							Claim		Date										Claim		Date								
Final	Original											Final	Original											Final	Original									
1	✔	✔	✔										51												101									
2	✔	✔	✔										52												102									
3	✔	✔	✔										53												103									
4	✔	✔	✔										54												104									
5	✔	✔	✔										55												105									
6	✔	✔	✔										56												106									
7	✔	✔	✔										57												107									
8	✔	✔	✔										58												108									
9	✔	✔	✔										59												109									
10	✔	✔	✔										60												110									
11	✔	✔	✔										61												111									
12	✔	✔	✔										62												112									
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If more than 150 claims or 10 actions
staple additional sheet here

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